BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER	
TOTAL CLAIMS							Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGE	ABLE CLAIMS	โ - เกเกนร 20=		* *			X\$ 9=		OR	X\$18=	
<u> </u>	DEPENDENT C		<u></u>	inus 3 =	*			X42=		OR	. X84=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						. 9	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	. 6	Minus	* 0		= 4	,	X\$ 9=		OR	X\$18=	
AM	Ind pendent	* ENTATION OF M	Minus	***	2 CLAIM			X42=		OR	X84=	
<u> </u>	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENI	CLAIM			140=		OR	+280=	
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												(
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 6	Minus	** 2	0	=)	(\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	***	S AIM	=	7	(42=		OR	X84=	
	FINOT PRESE	INTATION OF MIC	JETIPLE DEF	ENDENT	COAIIVI		+	140=		OR	+280=	,
							ADE	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Miņus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· OL A154	=	×	(42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=			+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		OR	TOTAL	
***	f the "Highest Nu	mber Previously Pa	iid For IN THI	S SPACE &	s less that	n 3, enter "3."	700	IT. FEE			DDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

010923

CLAIMS A			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					Colu	(IIII 2)	1			OR 1		 	
FOR			NUMBER FILED		NUMBER EXTRA			RATE BASIC FEE	FEE 355.00	OR	RATE :: BASIC FEE	FEE 710.00	
то	TAL:CHARGEA	BLE CLAIMS	Q minus 20=		•			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	\ mi	nus 3 =				X40=		OR	X80=	4.5	
MU	in the state of the state of the	IDENT CLAIM PI	RESENT	1				+135=		OR	+270=	270	
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	i	TOTAL			TOTAL	980	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						/ •ų	SMALL	ENTITY	OR	OTHER SMALL I	THAN		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	T tal	• 4	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=		X40=		or	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM	300 - 10 m 15		+135=	The state of	OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu		(Column 3)				•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAINA	=		X40=		OR	X80=		
<u>L</u>	FIRST PRESE	NTATION OF M	DETIPLE DEF	PENDENT	CLAIM		<u>ا</u> ا	+135=		OR	+270=		
		•					-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)					•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	* *** ***	=		X\$ 9=		OR	X\$18=		
AME	Indep ndent	•	Minus	***		=	 	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		J ∤	+135=					
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
**	If th "High st Nu	mber Pr viously Pa	aid For" IN THI	S SPACE I	s less tha	n 20, enter "20.	. ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													